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Jan 22 1997 8:00am
Secretary of State

PROFIT,
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 832152 (3)

1. Corporation Name
PHILLIPS AND JORDAN, INCORPORATED



Principal Place of Business Mailing Address
6621 WILBANKS ROAD 6621 WILBANKS ROAD
KNOXVILLE TN 37912-1314 KNOXVILLE TN 37912-1314

3. Date Incorporated or Qualified 04/11/1974
3a. Date of Last Report 02/13/1996
4. FEI Number 56-0694573 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE CD DELETE
NAME PHILLIPS, W. T., SR.
STREET ADDRESS 800 BRIXWORTH BLVD.
CITY- ST- ZIP KNOXVILLE TN
TITLE S DELETE
NAME PATTERSON, CECIL B
STREET ADDRESS CRACKER NECK VALLEY RD
CITY- ST- ZIP WASHBURN TN
TITLE PD DELETE
NAME TURNER, BEN R.
STREET ADDRESS 610 E CARTER RD
CITY- ST- ZIP LAKELAND FL
TITLE VD DELETE
NAME PHILLIPS, W.T. J
STREET ADDRESS 5818 LYONS VIEW DR
CITY- ST- ZIP KNOXVILLE TN
TITLE VPTD DELETE
NAME MCMULLEN, J PATRICK
STREET ADDRESS 6504 LAMBENT LANE
CITY- ST- ZIP KNOXVILLE TN
TITLE DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicates on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
DAY, MONTH AND YEAR OF SIGNING OFFICER OR DIRECTOR

1-13-97 423-688-8342
Date Daytime Phone #

CR2E034 (9/96)